

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/19/14 604  
APPLICANTS

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1	Cancelled			
4		1		1		
5		1		1		
6		5		1		
7		①		1		
8		1		1		
9		①		1		
10		①		1		
11		①		1		
12		①	Cancelled			
13	1		Cancelled			
14	1		1			
15		2		1		
16		①		1		
17		①		1		
18		1		1		
19		①	Cancelled			
20		①	Cancelled			
21		①		1		
22		①		1		
23		①		1		
24		1		1		
25		1		1		
26		①	Cancelled			
27	1		1			
28		1		1		
29				1		
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TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓	21	↓		↓
TOTAL CLAIMS			24			

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS